

# "I'm Ready to Retire" Workshop Application

**IR**

## ***Retirement Administration Agency ~ Retirement Training Program***

(Please Print Legibly)

Name \_\_\_\_\_

SSN \_\_\_\_\_ County \_\_\_\_\_  
Mail Address \_\_\_\_\_  
*providing only last 4 digits is acceptable*

Agency \_\_\_\_\_ Work Location \_\_\_\_\_

Phone: work \_\_\_\_\_ home \_\_\_\_\_ fax \_\_\_\_\_

★ E-mail address \_\_\_\_\_ or My name is in the Global Address List ☐  
**Note:** Class confirmations are done by e-mail. If you are not reachable by e-mail, PLEASE include complete mailing address.

I'm Ready to Retire! - Now What? Workshop Date Requested \_\_\_\_\_ or First Available ☐

Time(s) \_\_\_\_\_

*Please answer the following questions (incomplete forms will not be scheduled for a workshop date):*

Approximate years of service with Fairfax County: \_\_\_\_\_ Approximate date eligible for regular service retirement: \_\_\_\_\_

Approximate desired date for retirement: \_\_\_\_\_ Your Date of Birth: \_\_\_\_\_ Your Current Age: \_\_\_\_\_

Spouse's Name: \_\_\_\_\_ Spouse's Date of Birth: \_\_\_\_\_

Please advise this office if you have arranged for special accommodations: \_\_\_\_\_

Supervisor's **or** Training

Coordinator's Signature \_\_\_\_\_ Date \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_ or check box if your name is in the Global Address List ☐

*Supervisor/Training Coordinator: Please print your name and e-mail address above and check the box designating your role*  
*For Supervisor or Training Coordinator to be copied on confirmation e-mail, please check this box* ☐

### *Training Coordinator Use Only*

Priority

Code: \_\_\_\_\_ Critical \_\_\_\_\_ Necessary \_\_\_\_\_ Space Avail \_\_\_\_\_

### *Retirement Agency Use Only*

Confirmed \_\_\_\_\_ Class Dates \_\_\_\_\_

**Return via Inter-County mail or fax – please do not fax AND mail**

Retirement Administration Agency - Attention: Information Officer

10680 Main Street, Suite 280, Fairfax, VA 22030

703-279-8200 fax 703-273-3185